

San Francisco State University
Department ID Request/Change Form

Select one 1 Add Modify Inactivate Re-activate

Enter ChartField values to be used with Dept. ID. Fund # _____ Class _____ Project ID _____
(if applicable)

HRMS Dept. ID (if known) 2 (Enter ID # only for Modify, Inactivate, or Re-activate)

Payroll Expenditures? 3 No _____ Yes _____: _____ Faculty _____ Staff/MPP
 _____ Students _____ G/A _____ T/A

Effective Date 4 _____
mm / dd / yyyy

Short Description 5
(Up to 10 characters)

Long Description (Optional) 6
(Up to 30 characters)

Purpose for Request 7

Dept. Administrator _____
Signature Print Name Date

Reports to Dept. ID:

Contact Information _____ / _____
Name E-Mail Address Phone

BELOW SECTION FOR FINANCE, BUDGET, AND HR USE ONLY

Budget **For Budget**
 Dept. ID # Assigned: _____ FIRMS Code Assigned: _____
 Approval Signature: _____ Date: _____
 Entered by: _____ Date: _____

Finance **For Finance**
 Approval Signature: _____ Date: _____
 Print Name: _____

Human Resources **For Human Resources**
 Reporting Unit Assigned: _____ Build Dynamic Pay Group: Yes _____ No _____
 Approval Signature: _____ Date: _____
 Print Name: _____